



PATENT
32860-000108/US

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant(s): Klaus INDEFREY et al. Conf.: 4019
Appl. No.: 09/647,170 Group: 2137
Filed: September 27, 2000 Examiner: Paul E. Callahan
For: ERROR PROTECTED DATA TRANSFER SYSTEM
AND METHOD

RESPONSE

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314
Mail Stop Amendment

April 21, 2005

Dear Sir:

In response to the Office Action mailed March 21, 2005, the following remarks are respectfully submitted in connection with the above-identified application.

Listing of Claims begin on page 2.

Remarks begin on page 5.

Please type a plus sign (+) inside this box

HDP/SB/21 based on PTO/SB/21 (08-00)



82W

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/647,170
Filing Date	September 27, 2000
Inventor(s)	Klaus INDEFREY et al.
Group Art Unit	2137
Examiner Name	Paul E. Callahan
Attorney Docket Number	32860-000108/US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims) <input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div> <div>MAIL STOP AMENDMENT</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Ray Heflin	Reg. No.	41,060
Signature					
Date	April 21, 2005				